

Arizona Health Improvement Plan

Diabetes

| Criteria | Health Issue Data/Information |
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| Scope or Magnitude of the Problem <ul style="list-style-type: none"> How many people across Arizona are affected by the health issue? | <ul style="list-style-type: none"> Prevalence of diabetes among Arizona adults is 10.6% (2013 BRFFS) Prevalence of prediabetes among Arizona adults is 7.8% (2012 BRFFS) 1/3 of people with diabetes are unaware of their diagnosis |
| Severity (Morbidity / Mortality) <ul style="list-style-type: none"> Does the health issue result in death, disability, or ongoing illness? | <ul style="list-style-type: none"> Diabetes was the 7th leading cause of death in 2012, claiming 1,698 lives. The age-adjusted death rate for Arizona is 23.5/100,000 people. Diabetes mortality rate for American Indians/Alaskan Natives was 4 times greater than the overall death rate of Arizona, followed by African American (2.5 times greater) and Hispanic/Latino (2 times greater) There were 11,274 inpatient discharges with diabetes as first-listed diagnosis in 2012. Diabetes results in a number of secondary complications (See Cost-Effectiveness and Quality of life sections below) |
| Potential to Impact (Winnable Battle) <ul style="list-style-type: none"> What resources (funding, workforce, programs, etc.) are available to address the health issue? Can progress be made on the health issue within five years? Could addressing the health issue also address other problems at the same time? | <ul style="list-style-type: none"> The CDC Public Health in Actions grant (1305) to address diabetes, obesity, cardiovascular, and school health The Arizona Diabetes Coalition was established in 1994 with the creation of the Arizona Diabetes Program. Its mission is to reduce the social, health, and economic burden of diabetes in Arizona. It is governed/guided by an advisory council known as the Arizona Diabetes Leadership Council comprised of 21 diabetes stakeholders Progress in primary and secondary prevention for prediabetes and diabetes can be made within the next five years by helping to promote the awareness, expand, and utilize Diabetes Prevention and Self-Management Programs in Arizona |
| Cost-Effectiveness <ul style="list-style-type: none"> What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? How much money can be saved by addressing the problem? Does the money put into a solution reduce costs | <ul style="list-style-type: none"> The total cost of diabetes related complications is \$5,420 per person. Based on a number of 416,200 treated individuals with diabetes, the cost to Arizona was \$2.4 Billion Adjusted Medicaid healthcare costs for 2013 were \$3.28 million Diabetes is the primary cause of kidney failure, nerve damage, early blindness, and early term disability. Investing money on primary and secondary interventions can help reduce the incidence of prediabetes and diabetes and therefore prevent the evolution of the secondary complications and added costs of the disease |

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| <p>enough to make the solution worthwhile?</p> <ul style="list-style-type: none"> What's the value of addressing the health issue? | |
| <p>Quality of Life</p> <ul style="list-style-type: none"> How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation? | <ul style="list-style-type: none"> Diabetes complications are ultimately the cause of early disability, work loss, and premature mortality and high hospital readmission rates Diabetes, if not managed, can impact the quality of life |
| <p>Disparities</p> <ul style="list-style-type: none"> How are groups of people affected differently by the health issue? Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc. | <ul style="list-style-type: none"> Diabetes mortality rate for American Indians/Alaskan Natives was 4 times greater than the overall death rate of Arizona, followed by African American (2.5 times greater) and Hispanic/Latino (2 times greater) In 2012, males had an adjusted death rate of 29.2/100,000 people compared to their female counterparts of 18.6/100,000 people |
| <p>Evidence-based Models Exist</p> <ul style="list-style-type: none"> Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities? | <ul style="list-style-type: none"> Diabetes Self-Management Education (DSME) accredited and recognized programs and the national Diabetes Prevention Programs are evidenced based models that have been successfully implemented in rural and urban communities. These 8 week and 16 week curricula, respectively have been modified to meet the needs of diverse populations, such as Spanish speaking only and American Indian populations Self-management programs have been successfully integrated into the medical home model of care |
| <p>Community Readiness / Interest in Solving</p> <ul style="list-style-type: none"> What's the degree of public support and/or interest in working on the health issue? Which counties include this issue as a community health priority? | <ul style="list-style-type: none"> Fourteen of the counties identified diabetes as a health priority |
| <p>Arizona Ranking below the US data</p> <ul style="list-style-type: none"> Is Arizona doing better or worse than the U.S.? How much better or worse are we doing compared to the nation? | <ul style="list-style-type: none"> The rate of diabetes in Arizona (1996-2010) has been slightly greater than the national trend In 2010, the diabetes prevalence in Arizona was 9.8% compared to the national prevalence of 8.6% |

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| <p>Political Feasibility</p> <ul style="list-style-type: none"> Is there enough support from elected officials or other policymakers to help move a strategy to implementation? | <ul style="list-style-type: none"> Diabetes Caucus at the Arizona State Legislature that is comprised of both Senators and Representatives The Arizona Diabetes Coalition for many years have worked arduously to promote the reimbursement of diabetes self-management programs as well as insulin pump therapy reimbursement for adults (18+ years) |
| <p>Trend Direction</p> <ul style="list-style-type: none"> Has the health issue been getting better or worse over time? | <ul style="list-style-type: none"> The prevalence of diabetes is increasing paralleling the increase in obesity. Over the course of 20 years, diabetes has been increasing at an alarming rate across the nation and thus primary and secondary interventions must be warranted to shift the prevalence of the disease in a negative direction |